

## Iowa WIC Compliance Investigation Form

Store Visit Date Time in / Time out /	Retailer number, name and address – [Put store label here]	Food Instrument (FI) #:	Attach copy of: FI, register receipt, photo of product purchased, disposition receipt
Received Receipt Yes / No		Informant/Aide [was / was not] used in this investigation Print Name:	
# Registers # Register Used:	Description of Store Cashier Male/Female Race: Hair color: Height:                      Weight:	Cashier name - identification:	
Short Buy Yes / No		Enter additional information on back.	
1. I [did/did not] observe any questionable treatment of WIC customers.		2. Store associate [did/did not] appear to be familiar with eWIC redemption procedures.	
3. The WIC FI [was/was not] completed with price and date.		4. Store associate [did/did not] ask if this was a WIC transaction.	
5. There [was/was not] a 2 <sup>nd</sup> person verifying this sale.		6. Store associate [did / did not] write WIC on the receipt.	
		7. Receipt (did / did not) identify transaction as a WIC transaction.	
8. The store associate [did/did not] ask for identification.			
<b>Nature of problems discovered and details of transaction:</b>			
(Continue on back)			

If a receipt was received during this investigation it must be attached to this document. A copy of the original FI used in this investigation must be attached to this document, after it has been processed through the banking system.

\*The following items were purchased in compliance with this investigation and donated to a Food Bank or similar facility. In some instances, all or part of the food was destroyed. See below for the disposition of foods.

Qty	Size	Product Description / Brand name	Product Disposition (Donated – Destroyed)	Shelf Retail	Individual Purchase Retail	Total Purchase Retail

**Total Purchase Value:**

**CERTIFICATION:** This declaration consists of \_\_\_\_ page(s). I have signed or initialed each page. The facts in this declaration are true to my knowledge. If I am called to testify as a witness in any proceeding, I am competent to testify to the matters stated herein. I declare that under penalty of perjury the foregoing is true and correct. (Use back of this sheet for additional comments or attach additional sheets).

Investigator's signature:	Investigator's Name: (Print Name):	Print Confidential Informant's Name:
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_